

# **Assistive Technology and Appliances**

**Definition:** Assistive Technology and/or Appliances means a device, an item, piece of equipment, or product system, that is used to increase or improve functional capacities of participants thereby resulting in a decrease or avoidance of need for other waiver services (e.g., personal care, respite, etc.) This service may include the evaluation of the assistive technology/appliance needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; and training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant. Appliances intended for general household utility that do not result in a decrease in need for other waiver services are not covered. This service is not intended to replace traditional household appliances for the convenience of family/household members or caregivers. Additionally, devices, items, equipment and/or product systems not proven effective, or deemed trial or experimental are not covered. Repairs not covered by warranty are covered, and replacement of parts/equipment are covered, if these repairs or parts/equipment are not related to abuse, mistreatment or carelessness. The lifetime limit on repairs (not covered under warranty) and/or replacement of part/equipment is \$1,000.

**Providers:** Assistive technology and appliances must be provided by vendors who are enrolled with SCDHHS as Durable Medical Equipment (DME) providers or by DDSN/DSN Boards/contracted providers. **A vendor enrolled with SCDHHS as a DME provider cannot opt to bill the Financial Manager.** The provider list for this service is located on DDSN's website.

In most instances, Assistive Technology and Appliances is provided by a vendor enrolled with SCDHHS as a DME provider. There may, however, be circumstances where a participant's needs can be met by a vendor that is not enrolled with SCDHHS. Vendors who are not enrolled with SCDHHS **must** contract with the Financial Manager to provide Assistive Technology and Appliances.

**Note:** Durable Medical Equipment (DME) is the name of a service available to all Medicaid participants in South Carolina. It is not the name of a Community Supports Waiver service.

**Note:** For waiver participants under the age of 21, all requests for Assistive Technology and Appliances must be reviewed for State Plan Medicaid funding under Early Periodic Screening, Diagnostic, and Treatment (EPSDT). If the request is determined to not meet EPSDT guidelines, but does provide a specific, direct benefit to the participant (i.e. enable him/her to overcome a barrier clearly linked to his/her disability) and eliminate/reduce the need for either Personal Care or another direct care service, the request can be reviewed for waiver funding.

**Arranging for the Service:** Once you have identified the participant's need and documented it in the Support Plan, you must determine that the provision of assistive technology or appliances will meet or address the need according to the specific service definition listed above. Service notes must be very thorough in order to justify approval. All records are subject to review and must support your professional judgment.

For any single piece of assistive technology or appliance which costs **less than \$2,500**, no bids are required. However, you must offer the participant/legal guardian the choice of provider. You must document this offering of choice.

For any single piece of assistive technology or appliance which costs **more than \$2,500**, you must offer the participant/legal guardian the choice of providers and assist with soliciting **written** quotes from at least three (3) different providers. These quotes may be verbal but must be documented in the record.

For any single piece of assistive technology or appliance costing **more than \$10,000**, the procurement must be advertised and at least three (3) different **written** quotes from three (3) different providers must be obtained

and submitted to Cost Analysis Division of SCDDSN via fax at (803) 898-9657 when the item is requested. Please refer to Chapter 8 for instruction on careful budget planning before you begin this process.

*All dollar amounts stated above are before taxes. For more information on the procurement policy, please refer to DDSN Directive 250-08-DD*

Once the provider is chosen by the participant or selected as the “lowest bidder” from among those providers chosen by the participant/legal guardian. The SCDDSN Waiver Administration Division will review the request. Once approved, the service can be authorized by sending the **Authorization for Services (Community Supports Form AT-13)** to the chosen provider. For services that are not directly billed to SCDHHS, a copy of the **Authorization for Service (Community Supports Form AT-13)** must be sent to the DSN board’s Director of Finance and the SURB Division SCDDSN Central Office.

### **Back dating of referrals is prohibited.**

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant’s/family’s satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made. The following schedule should be followed when monitoring assistive technology and appliances:

- Monitoring should be conducted within two (2) weeks of receipt of one-time items.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

#### One-Time Items

- Did the participant receive the item?
- What is the benefit of the item to the participant?
- Is the item being used as prescribed?
- Was the participant satisfied with the provider of the item?
- Was the provider responsive to the participant’s needs?

#### On-going Items

- Has the participant’s health status changed since your last monitoring? If so, do all authorized supplies need to continue at their current amounts and frequencies?
- Are the specific brands appropriate for the participant’s needs, or does a change need to be made?
- Are additional supplies needed at this time? Are there any new needs?
- Does the participant receive his/her monthly supplies in a timely manner?
- What is the benefit of the item to the participant?
- Are the items being used as prescribed?
- Is the participant satisfied with the provider?
- Is the provider responsive to the participant’s needs?

**Suspension, or Termination of Services:** If services are to be suspended or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.